

James Cotton Blues Band which performed with popular acts like Janis Joplin, the Grateful Dead, Led Zeppelin, B.B. King, Santana, and many others. In 1977, Mr. Cotton reunited with Muddy Waters for the album "Hard Again," which won a Grammy Award for best ethnic or traditional recording.

His work influenced several major blues-rock groups of the era such as the Allman Brothers, the Paul Butterfield Blues Band, and the Electric Flag. He was much imitated but never duplicated. Mr. Cotton continued to play in concerts and on records well into his 70s and released some two dozen albums. Mr. Cotton moved from Chicago to Memphis in the 1990s, after the death of his first wife, Ceola and he settled in Austin in 2010. In 1997, his album "Deep in the Blues" won a Grammy for best traditional blues album and his 2013 album "Cotton Mouth Man" was nominated. Mr. Cotton also won several W.C. Handy International Blues Awards (known as the Blues Music Awards since 2006) long considered among the highest accolades for musicians working in Blues. Mr. Cotton was inducted into the Blues Hall of Fame in 2006.

Mr. Cotton is survived by his wife and manager, Jacklyn Hairston Cotton; his two daughters, Teresa Hampton and Marshall Ann Cotton; a son, James Patrick Cotton; and numerous grandchildren and great grandchildren. His was a life well lived.

TESTIMONY OF MNIKESA
WHITAKER-HAAHEIM ON THE
POSITIVE IMPACT OF THE AF-
FORDABLE CARE ACT

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 21, 2017

Ms. DeLAURO. Mr. Speaker, I rise today to share the testimony of one of my constituents—Mnikesa Whitaker-Haahaim. She is an English teacher who has won teacher of the year twice. She is also living with and dying from a debilitating disease. These are her words:

"The debate about healthcare has turned into something of a spectacle—as if it exists apart from the flesh and bones that are experiencing the consequences of the decisions being made. I think it is exceedingly important to talk about the felt experience of illness.

The feeling like an elephant's sitting on my chest—daily—because I have pulmonary fibrosis. No, I have never smoked. Not cigarettes. Not anything. Ever. I am simply sick. The feeling of my leg bones splintering, waking me up with the pain, several times a night, several times a week. Each leg is splayed beneath me as if I'd fallen from a window. Of course that's not what happened. This is just what joints and muscles feel like as a part of my rare disease.

The feeling of having a widespread flu-like, bone-crushing ache that does not end. I don't have the flu. I have a rare, autoimmune disease. This is what my entire body feels like 90% of the time. The feeling of choking without warning, regularly on coffee. On water. On my own spit. This is what my disease feels like.

The feelings I'm talking about are what it is like to not be able to take a deep breath, ever,

because over 70% of my lungs have turned to hardened, stony, scar tissue. The feeling of not even remembering what it is like to take a deep breath.

Because my particular disease is one that is categorized as autoimmune, it would be several months before we got the correct diagnosis; autoimmunity is notoriously difficult to diagnose.

And unless you are a specialized medical professional or happen to know someone who is afflicted by rheumatoid disorders, you have likely never heard of what I have: anti-synthetase syndrome. It is rare, progressive and aggressive. Often it is fatal, especially with the amount of lung damage that I have incurred.

When after over 2 years of chemotherapy, the progression of my pulmonary fibrosis and overall disease process was not successfully remaining stable, I had to go on supplemental oxygen. Within 6 months, I was getting so sick that I eventually had to medically retire at 36 years old; it was a heartbreaking decision.

I loved my job, and I was very good at it. Without the protections afforded to me through the Affordable Care Act, my oxygen, the cost of seeing my numerous specialists, paying for 14 medications, admissions to the hospital, and life-threatening emergency trips to the ER would be nothing short of financially catastrophic for my family.

A rare disease like mine baffles many doctors. It has not been uncommon for my caretakers to have to spend hours on the phone with insurance companies fighting for a drug that is literally thousands of dollars but necessary for my treatment.

When you have a rare illness, you often have to try new things. Insurance companies will unabashedly see you as a risk. Why? You are expensive, rare and dying. That is an unholy trinity.

But since the Affordable Care Act, my medications have been affordable. Access to care is NOT accessible if you cannot afford it, and what the ACA has done is create a safeguard so that the care that my doctors have prescribed for one of their sickest patients is truly accessible to that patient because I can afford it.

I come from a family who has, for generations, always worked and always paid into "the system." There are next to no services available for a relatively young woman like me at Social Services; I know. I've checked. I am not old enough for a full teacher's pension, but do receive a small disability allowance.

I need you to understand that people like me are not asking for anything for free. I am willing to continue to pay for the quality healthcare that I have had. I am willing for there to be changes made to it.

I find it unconscionable, however, that decisions can be made regarding life and death without actual regard for the felt lives and actual deaths that you will be responsible for if you repeal the ACA.

I do not know the course that my disease will take. But I have the blood of some powerful ancestors flowing in me, and their fight for life continues in me as well. I am honored to do so in their memory and on behalf of the millions of Americans who do not have the words or the ability to speak for themselves yet are terrified of losing their affordable, solid coverage under the ACA."

Those were her words—and she is not alone in her fear of repeal. We owe it to

Mnikesa and everyone like her across the country to protect their health care—and to reject this repeal bill.

THE DISTRICT OF COLUMBIA NA-
TIONAL GUARD HOME RULE ACT

HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, March 21, 2017

Ms. NORTON. Mr. Speaker, today I introduce the District of Columbia National Guard Home Rule Act, a bill that would give the mayor of the District of Columbia authority to deploy the D.C. National Guard, after consultation with the Commanding General of the D.C. National Guard, with the President retaining authority on federal matters. In local emergencies, including natural disasters and civil disturbances unrelated to national or homeland security, the mayor of the District should have the same authority that governors exercise over the National Guard in their states. Each governor—including the governors of three U.S. territories with Guards—has the authority to deploy the National Guard to protect his or her state or territory, just as local militia did historically.

The National Guards in the 50 states and territories operate under dual federal and local jurisdiction. Yet only the President currently has the authority to deploy the D.C. National Guard for both national and local purposes. Today, by far the most likely need for the D.C. National Guard here would be for natural disasters, such as hurricanes and floods, and to restore order in the wake of civil disturbances. The mayor, who knows the city better than any federal official and who works closely with federal security officials, should be able to call on the D.C. National Guard for local natural disasters and civil disturbances, after consultation with the Commanding General of the D.C. National Guard. The President should be focused on national matters, including homeland security, not local D.C. matters. Homeland security authority, with respect to the D.C. National Guard, would remain the sole province of the President, along with the power to federalize the D.C. National Guard for federal matters at will. It does no harm to give the mayor authority to deploy the Guard for civil disturbances and natural disasters. However, it could do significant harm to leave the mayor powerless to act quickly. If it makes sense that governors would have control over the deployment of their National Guards, it makes equal sense for the mayor of the District, with a population the size of a small state, to have the same authority.

The mayor of the District, as chief executive, should have the authority to deploy the D.C. National Guard in instances that do not rise to the level of federal homeland security activities. My bill permits the mayor to only deploy the D.C. National Guard after consultation with the Commanding General of the D.C. National Guard. The bill is another important step toward completing the transfer of full self-government powers to the District. Congress began with the passage of the Home Rule Act of 1973, when it delegated most of its authority over District matters to an elected mayor and Council. The bill follows that model.

I urge my colleagues to support the bill.